



Ernie Fletcher  
Governor

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**Environmental and Public Protector Cabinet**  
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LaJuana S.  
Wilcher  
Secretary

## DUPLICATE COPY REQUEST

*I hereby make application for a duplicate copy of my HVAC License number \_\_\_\_\_.*

*Duplication fee of \$10.00 enclosed.*

### Personal Information

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
*Last First Initial*

Address: \_\_\_\_\_  
*(Street, Route, or P O Box Number) (County Name)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Company Information

Company Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
*Company Name*

Company Address: \_\_\_\_\_  
*Company Address*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*City State Zip*

Send Mail to: Home Address \_\_\_\_\_ Company Address \_\_\_\_\_  
*Home Address Company Address*

Applicant Signature: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
*Applicant Signature Social Security Number*

HVAC 15 (02-04)